U.S. Preventive Services TASK FORCE

USPSTF Bulletin

U.S. Preventive Services Task Force Issues Draft Recommendation Statement: Genetic Risk Assessment, Genetic Counseling, and Genetic Testing for BRCA-Related Cancer

WASHINGTON, D.C. – April 2, 2013 – The U.S. Preventive Services Task Force (Task Force) today posted a draft evidence report and draft recommendation statement on screening for risk assessment, genetic counseling, and genetic testing for BRCA-related cancer. The Task Force is providing an opportunity for public comment on this draft evidence report and draft recommendation statement until April 29. All public comments will be considered as the Task Force develops its final evidence report and recommendation.

"Every year, too many American women and families are faced with the challenge of dealing with breast and ovarian cancer diagnosis and treatment," said Task Force chair Virginia Moyer, M.D., M.P.H. "We need better treatments, better screening methods, and most importantly, better ways to prevent cancer."

One important step in preventing these cancers is helping women understand their risk. Mutations in the *BRCA1* and *BRCA2* genes are just one of many factors that greatly increase a woman's risk of developing breast and ovarian cancers. Women with these potentially harmful mutations have a 70 percent chance of developing breast cancer, or five times greater than the general population. BRCA mutations also increase ovarian cancer risk from a lifetime risk of less than two percent to as high as 46 percent. To understand whether health care professionals can accurately identify those who are most likely to have harmful mutations in their *BRCA1* and *BRCA2* genes, the Task Force examined the evidence on this topic to determine whether genetic counseling and testing could be effective.

"Breast and ovarian cancer are serious health issues and finding better ways to prevent and treat these diseases in women is crucial," said Otis Brawley, M.D., chief medical officer of the American Cancer Society. "We need to use the most powerful tools available, and use them correctly, to help save women's lives."

Evidence shows that the vast majority of American women (over 90 percent), whose family histories are not associated with an increased risk for *BRCA1* or *BRCA2* mutations, will never benefit from genetic counseling or testing. This is because current tests often yield inconclusive results and these women could be burdened with the uncertainty of whether they are – or are not – at an increased risk for cancer. Many of these women will also choose to take powerful medications or undergo major surgery to reduce their risk of developing cancer, which could lead to unnecessary side effects or treatments if they were not at increased risk to begin with. Therefore, the Task Force continues to recommend against genetic counseling and BRCA testing in these women.

"At this point, scientific evidence only shows that *BRCA1* and *BRCA2* testing is beneficial for women who have reviewed their family history of breast or ovarian cancer with a primary care professional and discussed the pros and cons of the screening test with a trained genetic counselor," said Dr. Moyer. "We hope that further research into ways to use genomic science, such as identifying women who have harmful BRCA genes but do not have a family history of cancer, could improve screening practices and even prevent some cancers."

The Task Force also found evidence to support recommending primary care professionals screen women who have family members with breast or ovarian cancer to identify whether their family history is associated with an increased possibility of having harmful *BRCA1* or *BRCA* 2 mutations. Women with a positive screen should receive in-depth genetic counseling to thoroughly review family history and, if indicated and after weighing the pros and cons of BRCA testing, receive the test. Other credible groups, such as the American Cancer Society and the American College of Obstetricians and Gynecologists (the College), also recommend genetic risk assessment for women at higher risk for potentially harmful BRCA mutations.

“Evaluating for risk of hereditary breast and ovarian cancer syndrome is an important step in cancer prevention and early detection for women with a family history of cancer,” said Gerald F. Joseph, Jr., M.D., vice president of Practice Activities at the College. “The College’s clinical guidelines align closely with the USPSTF’s draft recommendations.”

These recommendations apply to women who have not received a diagnosis of breast or ovarian cancer but who have family members with breast or ovarian cancer whose BRCA status is unknown.

The Task Force’s draft evidence report and draft recommendation statement have been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from April 2 to April 29 at www.uspreventiveservicestaskforce.org/tfcomment.htm.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine who work to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

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